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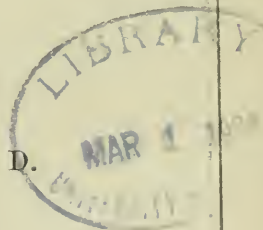
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AND  
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[The Editors do not hold themselves responsible for the sentiments of contributors.]

## NOTICE!

The Tri States Medical Association Meets at Evansville, Indiana, on the 16th of October, and will remain on session three days.

## ERRATA.

We failed to read the proof on Page 547 by some accident—for “an arithmetical” read *a rhythmic*, for “exertions” read *excretions*. Typographical errors too numerous to mention.

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{ Phosphorus, 1-100 gr. }			
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THE SAINT LOUIS

# Medical and Surgical Journal.

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OCTOBER, 1877.

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## Original Communications.

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### *INTESTINAL OBSTRUCTION; THE VITAL NECESSITY OF A CAUTIOUS AND CONSERVATIVE TREATMENT.*

By EDWARD MONTGOMERY, M. D.

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To any one enjoying a liberal general practice in a city like St. Louis, the opportunity will be often presented to treat various cases of disease of the bowels, depending on very different pathological conditions, but which the most prominent symptoms, or at least that to which the attention of the physicians is most urgently directed is obstipation, or the want of a free easy and satisfactory relaxation of the bowels.

Whether the intestinal obstruction is caused by a true intussusception, a volvulus, a twisting or knotting of the bowels, from strangulation, from a hernia or false ligament of the omentum or mesentery, from obstruction inside the intestines, from gall-stones or enterolithes, from stenosis or ulceration or from impacted feces; the one remedy, in the opinion of the patients and friends is the heroic employment of cathartics and purgatives.

Now the fact is that very few of these cases can be relieved at all by cathartics or purgatives, indeed most of

them will be much aggravated and intensified by such medication: take the cases of intussusception, strangulation knotting or twisting of the bowels, and the stimulating and irritating action of purgatives will greatly tend to the irretrievable and hopeless condition to which such cases naturally incline. The invariable course of these cases is to inflammation, ulceration, perforation, gangrene and sloughing. The portion of the intestine involved is generally impervious or very nearly so, and any attempt to force the contents of the bowels through the obstructed part will be utterly futile to that end, and will excite the peristaltic motion and increase the irritation which it is our most urgent duty to tranquilize and allay. I do not wish these remarks to apply to warm water enemata, which I believe will not incite inflammatory action, but will often soothe and relax the parts and give relief and temporary composure to the patient. Even in intussusception and complete strangulation of the intestine, if we can keep down inflammatory action, and keep the parts soothed and quieted by leeches, warm fomentations and poultices, anodyne injections and opiates, inflammatory processes may go on gradually, slowly and safely, until sloughing of the diseased parts takes place and are expelled, and a permeable and efficient canal is restored. Whenever there is the least fear that the case is of the kind above described, we should eschew all purgatives by the mouth and trust entirely to the soothing and conservative treatment alluded to, and endeavor to obviate the tendency to death, by the careful and diligent use of nutritives and restoratives, and by keeping the patient in the most favorable circumstances for the often most happy workings of the *Vis Medicatrix Naturæ*.

When called to a patient with intermitting pains in the abdomen, mostly near the umbilicus, at first but slight tenderness about the part implicated, afterwards spreading over the greater portion of the bowels, nausea, vom-



iting, at first the simple contents of the stomache, stercoraceous in the advanced stages, no free satisfactory stools, perhaps frequent small mucous and bloody dejections; the pulse becoming quick and small, the skin cool and clammy, tympanities, meteorism, the features shrunk, pale and pinched, with great prostration, we will feel justified in treating it as one of a most grave and dangerous description.

When with the above alarming symptoms we can feel the sausage like tumour in the region of the ileum or illeo-cæcal valve, when the patient tells us he feels, the oleaginous emulsions, the saline solutions, the seidlitz or seltzer waters go down to that spot and stop there: when the clysters and injections go up to that point and abruptly stop there, we may rest assured there is intussusception, strangulation on such an obstruction that purgatives or cathartics cannot relieve, but the employment of which will be fraught with imminent danger.

The very common practice of giving powerful stimulants, such as the compound spirit of chloroform, the tincture of cardam. ginger cayenne pepper &c., to relieve the tormina and pain, is also pernicious practice, and well calculated to prevent a happy issue to the case. We should never forget that the immediate and inevitable course of these cases is to inflammation, and if we can modify and control that morbid process so as to prevent an extensive enteritis and peritonitis, relaxation and resolution of the volvulus or stricture may occur, or a slow and mild adhesive inflammation of the parts implicated may occur, so that the portion above and portion below the point of constriction may unite and the knotted, invaginated or strangulated folds of intestine may slough away and be expelled per anum, leaving an unobstructed canal as before the injury.

Even in cases of obstipation where the cause of the trouble is impacted feces, lime or magnesia concretions, sometimes found in those in the habit of using magnesia

and prepared chalk for heart-burn, acidity of stomach, or some form of dyspepsia, gall-stone, or other forms of enterolithes, a perturbing purgative treatment will not prove satisfactory and efficient; mild saline aperients, oleagenous emulsions, warm fluid enemata given frequently, freely but slowly and cautiously, with constant hot poultices to the whole abdomen will prove the most happy and successful treatment. Where the illness occurs suddenly when the intermitting colicky pains are severe, where there is swelling above and flaccidity below the seat of obstruction, where vomiting is persistent, becoming at last stercoraceous, and where the features are anxious and pinched, opiates and restoratives are our sheet anchor.

To treat a case presenting the above symptoms by venesection, blisters, drastic purgatives, belladonna, tobacco and quicksilver which often has been done would be barbarous and unscientific in the extreme. In such cases the most promising and most rational course is, if the patient is robust, apply leeches to the tender part of the abdominal walls followed by hot soothing poultices; give slowly, carefully, but frequently warm water injections, and either by the mouth, rectum, or hypodermic injections, administer opiates in sufficient quantities to subdue irritation, pain and vomiting. In giving the enemata, a long gum elastic tube should be used, the rectal end inserted as far up as possible, and the distal end furnished with a funnel in which to hold the warm water, and to hang up five or six feet above the patient so that the injection may pass up the intestinal canal efficiently and with steady and uniform force. The practice advocated by some, of injecting acids and alkalies to produce gas in large quantities so as to force the reduction of the invagination or strangulation of the bowel, is certainly hazardous, and indeed in such cases the propulsion of air or fluids should be done with great prudence and caution.

In all cases where intestinal obstruction is above the illeo-cæcal valve, the injections should be given whilst the patient is under the influence of chloroform, indeed the occasional use of anæsthetics will probably materially assist in relieving these intestinal obstructions. All authors agree that in making out our diagnosis of these cases, we should most carefully examine all hernial openings, as a small interstitial, an obturator, an inguinal, or a femoral hernia might be very readily overlooked, and our patients life jeopardised by our carelessness. The careful examination of the abdominal walls by palpation, percussion and auscultation, and the digital exploration of the vagina and rectum will, often guide us to a nearer appreciation of the true nature of the case. Lëichtenstern truly says that distinctive anamnestic information or characteristic signs are often wanting, and our diagnostic ability is limited to this, that by a consideration of the history, the course of the disease, the seat of the occlusion, the age and sex of the patient, and the relative frequency of the occlusion, we can reduce the circle of the possibilities of exclusion, and form a more or less well grounded hypothesis, while diagnosis in the exact sense of the word does not advance beyond a determination of the existing occlusion and its probable position."

(Leichtenstern, in Ziemssen's *Encyclopædia* page 508 Vol VII.

Whilst therefore it is often impossible to determine whether intestinal obstruction is caused by an intussusception, a twisting or knotting of the bowel, a strangulation by a false ligature, a constriction from a cancer or from ulcers, our treatment will be almost the same: whilst in those cases where purgatives, nervine tonics and electro galvanism are employed, the diagnosis is generally easily made out.

In those cases of impacted fæces, which are so often met with, we have seldom much difficulty in giving a

proper recognition of their exact nature. They do not come so suddenly, all the symptoms are less violent, and although the pains may be severe, and the vomiting obstinate, there is wanting that haggard look, those pinched features, cold, clammy skin, quick pulse, prostration and small blood mucus stools so pathognomonic of true volvulus, knotting, twisting and strangulation of the bowels. In fœcal impaction we can easily feel the oval flat mass, and by the frequent hot water injections—with or without sulphate of soda or sulphate of magnesia fœcal matter and scybala will soon begin to come away and thus completely verify our diagnosis.

In treating these cases of fœcal impaction, the hot poultices to the abdomen, warm water and saline injections, and after the evacuation of the lower portion of the alimentary canal by enemata, purgatives by the mouth, given with judgement and discretion will hasten the removal of the difficulty. In young, robust patients, at the early period of the disease, one tenth of a grain of tartar emetic and one drachm of sulphate of magnesia every hour will very often aid in breaking up and removing the obstruction.

As it is very common for these cases of intestinal obstruction to be associated with conditions of torpor, or even paresis of portions of the bowel, the administration following pills will be found of great service.

R Strychnine gr. i.  
 Ext. Belladonna gr. iv.  
 Podophyllin gr. iv.  
 Pulv. Ferri Sulphat.  
 Aloe Socot. ââ gr. xx.  
 Syrup Simp. q. s. M.

divide into twenty pills: one to be taken every eight hours. Even after the removal of the impacted mass, this pill will be found valuable in preventing a relapse, and in promoting regularity of the bowels afterwards.

Where the intestinal obstruction depends on gallstones, or other enteroliths, the treatment will not materially differ from that recommended in fecal impaction. Of course suitable food of easy digestion, and an endeavor to correct and promote the secretions will be absolutely necessary. In all these cases of obstipation it may be well to advise the patient to have recourse to moderate but frequent draughts of fluid nutrients, and especially such as will promote a free and easy movement of the intestinal contents. It may be well to mention that in those cases of enteroliths, the long continued warm baths sometimes do good, I presume by causing relaxation of the intestinal walls, and thus favoring the passage of the foreign body. I will not discuss the cases of intestinal obstruction where operative interference can alone offer amelioration, but believing that many lives may be saved by the skilful procedures of the enlightened Surgeon, I leave such cases to his studious care and wise consideration. The wonderful advances and discoveries and the yearly increasing success of the modern ovariotomist and gynecologist forbid us to despair of any achievement in that branch of the healing art; even now I see some of our eminent surgeons are recommending gastrotomy in irreducible obstruction. And when we find that the peritoneum can be cut into, and a tumour of sixty or eighty pounds, or even the uterus itself safely removed, why can we not cut down on an obstructed bowel and relieve the invagination, the volvulus or strictures.

But as the aim and object of this paper is to warn and caution the practitioner against a purturbative and purgative course of treatment, and to favour a soothing, relaxing, and mild antiphlogistic one in cases of intestinal obstruction, we will close with the hope that the suggestions herein set forth may, at least, meet with a calm and unprejudiced study and examination.



## THE ETIOLOGY AND TREATMENT OF FEVER.

By S. E. BUCKNELL, M. D.

*"Science is certainty, is truth found out. Of that called science much is only guess. False as the Koran, half it declares. Hence the question, "What is truth?" Upon its correct solution depends the present and eternal happiness of man. When we think of the pain, the suffering, the misery and anguish which will be spared to humanity when physicians in their attempt to solve this problem shall have arrived at results which even approximate the reality, we cannot but pray for that God given inspiration, that wisdom, that energy, that tireless pursuit of knowledge which will in the end give us the victory. In his pursuit of truth the student of medicine meets with many obstacles and embarrassments of trifling magnitude. In its pursuit individuals do not always use the same means and this is equally true of races.*

Dr. Draper, in his essay upon social mechanics has shown that the European mind is analytical while that of Asia is synthetical, while these five the Eastern mind arrives at its conclusions by combinations and the building of systems, the Western mind reaches the truth by dissection, by the elimination of all common factors. By this method of analysis we can demonstrate that there exists in the universe only force and matter. In the present imperfect state of our knowledge we are cognizant of but sixty-four elementary substances, and all matter whether organic or inorganic is capable of resolution into these. There could never be any change in these elementary substances except through the intervention of force. Man is only one of the many forms which matter assumes when subjected to the action of force. The problems therefore which demand the attention of the physician are the changes which may be effected in matter and the nature of those forces by which the

changes are occasioned. Philosophy teaches that all sensible masses are composed of infinitely small particles called molecules. It demonstrates that these molecules are, even in substances of the greatest density, separated by spaces many thousand times as large as that occupied by each. It further more shows that each molecule may be subdivided into its primitive atoms. These atoms cannot exist alone but are attracted to each other by an irresistible force which is known as chemical affinity. Molecules are attracted to each other by the force of cohesion. Sensible masses are attracted to each other and the earth by a force of gravity. These three forces are all that exist in nature and by their action upon matter are occasioned all the phenomena of life and death, growth and decay, health and disease.

When the separated atoms of a body are drawn together by the force of affinity they approach each other with such inconceivable velocity as to impart to the molecule formed by their union a vibratory motion of great intensity when also the molecules of a body are urged together by the force of cohesion they too meeting each with considerable velocity impart their motion to each other causing an increased vibratory motion. When a large mass falling from a distance strikes the earth's surface with great velocity the motion of the whole mass is suddenly arrested and this motion is imparted to the molecules of the mass with which it came in contact exciting in each molecular vibration. Now Philosophers have demonstrated this *vibratory motion* of the molecules of bodies is *heat* and moreover this vibratory motion is the *source* of all other forms of motion, hence to find the mechanical equivalent of heat is merely to equalize two different forms of motion. The words heat and motion are perfectly synonymous. Now it is evident that a body possessed of a vibratory motion will occupy more space than the same body when in a state of rest, hence when the mole-

cules of a body are comparatively at rest it exists as a solid but if the vibratory motion be increased they become more separated and the solid becomes a liquid and if the motion should continue to increase the liquid assumes the gaseous form, owing to the still greater separation of its molecules. A solid is therefore transformed first to a liquid and finally to a gaseous state *by the imparting of motion to its molecules.*

But one body can receive motion only at the expense of another, hence whenever the molecules of one body receive motion those of an adjoining body are deprived of part of their activity. To illustrate if water, be surrounded by liquified ammonia the latter will assume the gaseous form so rapidly as to deprive the water of so much of its molecular motion as will render it solid.

We have heard that vibratory motion of molecules occasions the sensation we recognize as heat and that this motion is produced by the union of atoms. The atoms of hydrogen and Chlorine, will under certain circumstances unite so rapidly that the velocity of the molecular vibrations which ensue, is sufficiently intense to effect the retina, thus producing the phenomena of light. When one pound of hydrogen unites with oxygen to form water, it develops a molecular motion, which if concentrated would be sufficient to lift twenty three thousand five hundred and seventy six tons one foot high. It is almost impossible to estimate the amount of heat or molecular activity which may be generated by the union of atoms, which union is occasioned by the laws of chemical affinity. Animal heat is no exception, it is *undoubted molecular motion.* Every atom in our entire organism is in a state of constant vibration. The moment motion ceases life is extinct.

Thompsonianism proclaimed a great and vital truth, when it declared heat to be life, and cold death. This molecular activity, which we denominate animal heat is maintained by the innumerable chemical changes which

are constantly taking place in the human economy. The oxidation of Hydrogen and Carbon play only a very insignificant part in generating animal heat, indeed it has never been shown that the direct oxidation of either ever occurs in the system. It might even, be inferred from some of the results of investigation that oxidation, as carried on in the system, is a formation and *not* a destroying process, and we know by experience that when this molecular activity passes beyond certain limits it endangers the health of the individual. That this may not occur, the Great Architect has provided for its regulation. We have shown that a liquid is transformed into a gas by having additional motion imparted to its molecules. By a very delicate yet perfect mechanism water is conveyed from the blood to the surface of the body, and here any excess of motion is employed in effecting its transformation into a gas. That we may the more thoroughly understand our subject, let us briefly examine this mechanism by which absorption and secretion are occasioned. Both are filtering processes. We have a vast system of capillary vessels through the walls of which fluids are constantly passing by endosmosis. Now the walls of these vessels may be regarded as a system of membranes composed of an innumerable number of infinitely small tubes, reaching from the outside to the inside of the vessels. By absorption we mean passing into the circulation, and by secretion passing out of it; but as both processes are mutually dependent upon each other and very similar we will consider them together. In the stomache we find a net work of capillary vessels so distributed as to present the greatest possible surface to its contents. As soon as the food is liquified it comes in contract with the very small tubes which pass through the *walls* of the capillary vessels. Now the rapidity with which the blood circulates in these vessels, creates a vacuum in these tubes hence the soluble matter without, urged by the muscular pressure of

the organ enters the tubes and is drawn into the interior where it meets the current of the circulation and is swept away with it.

In the kidneys we find a multitude of exceedingly small glands. The Malpighian corpuscles, each consisting of a net work of capillaries which embrace the dilated extremity of a uriniferous tube. These small tubes after uniting finally discharge their contents into the pelvis of the kidney. Now the vessel by which the blood enters each capillary plexus is much larger than that by which it makes its exit.

The blood is therefore subjected to increased pressure while at the same time it covers a largely increased surface hence the more liquid portion of the blood with its soluble salts passing through the sides of the vessel into the uriniferous tubes and thence to the pelvis of the kidney. The sudorific are perfectly analogous in their construction to these Malpighian bodies.

If, owing to any defect or derangement in this mechanism the process of secretion should be arrested or impaired, there would necessarily result equally increased molecular activity with absence of the normal moisture of the skin and a diminution in the liquid motion of the urine. This mechanism is subjected to certain changes. The exceeding small tubes which forms the walls of the capillaries possess, as do the capillaries themselves the power of dilatation and contraction and it is undoubtedly the principle function of the great sympathetic nerve to regulate and control these alterations.

In this connection I can do no better than to quote the language of Dr. Richardson in his recent work "Diseases of Modern Life" He says, in order that perfect nutrition should proceed in the living organism it is essential that the course of the blood in the minute vessels of the arterial system, and indeed in all parts of this should be under systematic control. The blood passing through its infinitely minute and ultimate channels must pass



slowly enough to wait on nutrition and quickly enough to enable new supplies to pass onward from the heart. To insure this regular movement the blood vessels are placed under a direct nervous supply and control; under the control of what is called by anatomists the "organic nervous system."

This nervous mechanism lies away from the nervous centres of volition, and has its own nervous centres or ganglia, which are planted in the line of the great visceral organs, the head, the neck, the heart, the stomach, the kidneys and pelvic parts. From these centres or ganglia, proceed filaments of nerves which accompany the blood vessels and govern the tension of these vessels and of the heart itself. If the nervous force of these centers be exalted, the vessels under their control contract and the course of the blood through them is diminished. If the nervous force be reduced the vessels are relaxed and unless the tension of the heart fails also at the same time, they become filled so unduly with blood that the parts they supply will be seen, if they be visible, to be flushed from the excess of blood they receive. The arterial tension is governed from these centers of organic nervous life as the prime force of a time piece is governed by the pendulum."

Dr. Dalton's Physiology affords us another excellent illustration of this controlling influence of the sympathetic over the arterial system. He says if this nerve be cut in the neck in the dog cat or rabbit, the *temperature* upon affected side is considerably increased and in the rabbit the vascular congestion consequent upon the dilated state of the capillaries, is plainly discernable in the ear of the animal if held between the operator and the light. Its section in the cat in the neck, causing contraction of the pupil of the eye and the third eyelid or nictating membrane is drawn over the eye, but if the fifth nerve be cut in front of the Gasserian ganglion, that is after it is joined by filaments of the sympathetic

violent inflammation of the eye ensues, while if cut behind the ganglion we have no such result. Thus indicating the fact that if the sympathetic be cut in the neck, the vascular congestion is sufficiently great to cause exquisite sensibility of the retina, while if cut still nearer the eye the congestion is so great as to occasion the most violent inflammation. It would appear then that animal heat is molecular activity and that it is regulated by secretion, and that from the very secretion of the kidneys and sudorific glands a dilated state of the capillaries is essential to secretion but we have just seen that the organic nervous system governs the tension of these vessels; it therefore of necessity controls secretion and regulates the temperature of the body.

Fever is therefore an abnormally increased and destructive molecular activity caused by a want of secretion which want of secretion originates in a contracted state of the capillaries which contraction is occasioned by the stimulation or irritation of the filaments of the sympathetic nerve. Fever is not then properly speaking a disease, but merely a system of arrested or impaired secretion caused by nervous irritation. In its treatment therefore the first indication is to promote secretion and this can only be accomplished successfully by such remedies as exert a paralyzing or sedative effect upon the nerve centers of the sympathetic system and there is little doubt but that all remedies which promote secretion do exert a powerful sedative effect upon this nervous system.

In this connection it will perhaps not be in appropriate to notice, briefly the action of one or two remedies. One of the most reliable and efficient remedies in the *Materia Medica* is tartar-emetic. Its effects upon the system are generally ascribed to its supposed influence upon the vagus nerve. There is however comparatively little evidence to show that it acts in any way upon this nerve.

If tartarized antimony be administered hypodermically

to a rabbit it produces almost immediately dilatation of the capillaries of the ears of the animal.

If it be administered to the cat it produces upon the eye of the animal exactly the same effect as section of the sympathetic. It promotes secretion and as this can only be accomplished by dilating the capillaries and as the tension of these vessels is controlled by one sympathetic nerve it would seem that this remedy must act through the medium of this nerve.

Dilatation of the capillaries will occasion, almost instantly a greatly increased vascular surface and this in it self is sufficient to account for the reduction, in frequency and power of the pulsation of the heart, which result from the administration of this remedy. Owing also to this dilatation of the capillaries the facility with which the blood can free itself of the accumulated carbonic acid is greatly increased, hence the diminution in the frequency of respiration. If now tartar-emetic acted only on the vagus nerve it would certainly occasion to some extent paralysis of the laryngeal muscles. It would not induce vomiting since section of the pneumogastric does not and for the same reason a poisonous dose would not terminate in death inside of three or four days. The evidence certainly tends to show that the primitive action of this remedy is upon the organic nervous system. It may therefore be relied upon as safe and effective in the promotion of secretion or section. It is therefore one of the most potent remedies in the treatment of *all* fevers without regard to the primitive source of nervous irritation.

Quinine is also a powerful sedative or relaxative to the sympathetic system. The noises in the head which follow its administration are occasioned by the reduced arterial tension which it induces, thus in any part of the arterial tract where an artery runs through a rigid canal as through the carotid canal in the base of the skull, the artery when its walls are relaxed presses with each im-

pulse of the heart upon the resisting surrounding medium. This induces vibrations which are audible to the patient and which are compared by him to roaring whistling or hissing sounds. Quinine in addition to its neurotic action is antiseptic and exerts no injurious influence upon the blood while tartar emetic promotes decomposition and destroys the plastic elements of the blood.

The writer has followed this sedative method in the treatment of all fevers without regard to the cause of nervous irritation and it has met with a very fair share of success.\*

Green Castle, I L.

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### THE CASE OF THE LATE BEN DE BAR.

By JEROME K. BAUDUY, M. D.,

Professor of Psychological Medicine and Diseases of the Nervous System, Mo. Med. College; Attending Physician to St. Vincent's Institution of the Insane.

The case of Mr. DeBar presents many points of medical interest. The diagnosis made during life predicted atheromatous degeneration of the cerebral arteries resulting in atrophic softening with the possible formation of thrombi. The history of the case and symptomatology which warranted this conclusion we will now investigate:

Mr. DeBar was not only beyond the meridian of life, but had already reached the advanced age of sixty-five years, a period at which certain retrograde metamorphoses of tissue, arterial degeneration and atrophic conditions well known to the pathologist are naturally to be anticipated. Six months prior to his death, the patient had experienced a very severe attack of malarial fever, from the effect of which, seemingly, he never entirely recovered. Before the occurrence of this illness he had al-

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\* We suggest *Veratrum Viride* might meet the indication as well as Tartar Emetic and be on many accounts preferable.

ready suffered with amnesia, or loss of memory, which subsequently became a symptom not only progressive in character, but too plainly significant of the portentous conditions whose activity it betrayed. Early last spring whilst playing the part of Falstaff, in San Francisco, he forgot his lines, and in all his social, domestic and business relations, it was but too evident that his memory was not only greatly impaired, but that the mental decrepitude, characteristic of softening, or its antecedent, profound cerebral anæmia, was making rapid inroads and would ere long completely topple over the fine intellect of the genial, beloved and much lamented actor.

The victim of this disease becoming alarmed at his loss of memory, which was complicated with aphasic symptoms, went to New York to consult the justly celebrated neurologist, Dr. Wm. A. Hammond. Dr. Hammond immediately diagnosticated cerebral softening, and took an utterly hopeless view of the case.

While still in that city, Mr. DeBar was one day found by his anxious friends, after a very prolonged absence from his hotel, wandering about the streets in a maudlin and incoherent condition, totally oblivious of his identity, not realizing his surroundings and unconscious of his actions. A few days subsequently he was discovered in his bed paralysed on the right side and in a condition of profound stupor, but not absolute coma.

He was immediately placed upon a train and conveyed to his home in St. Louis, where he first came under the observation of Dr. A. P. Lankford, who kindly associated me with him in the case. Upon my first visit, I ascertained the existence of a complete hemiplegia on the right side and the continuance of the aforementioned stupor, from which he could not be roused. The pulse was full, strong and slow; respiration, temperature and deglutition normal. Upon my return to his bed-side the next morning, I was somewhat astonished to find him



fully aroused and conscious, with a marked diminution of the hemiplegia, conversing in an incoherent jargon that no one could interpret.

The symptoms seemed to point, in a marked manner, to a complete amnesic aphasia, as the muscles of articulation acted normally and absence of the phenomena of the ataxic variety of the affection was a prominent feature of the case. Nearly all the words uttered were distinctly articulated and the usual impatience at not being understood was exhibited, with frequent substitution of words for those entirely forgotten. This aphasic complication continued to the closing scene, a little over three weeks later. Many expressions were clearly uttered, and his last words in reply to a question upon the part of his wife to take nourishment, were, "I can't;" but the general tone of his conversation was completely unintelligible to all who surrounded him. His mind, also, was greatly impaired, as it is doubtful whether he really recognized some of his nearest relatives, hailing strangers, as he did, with the familiar, "How are you, old fellow?"

However, this intellectual enfeeblement, accompanying, as it did, the aphasia, was naturally to be expected, as I am firmly convinced that Trousseau was correct when he claimed the existence of disturbance of the intellect in all cases of the latter affection, whether complete or incomplete. The usual bed-sore characteristicly described by Charcot, soon made its appearance, and there existed for many days fluctuations in the presence and absence of the hemiplegia, which finally recurred and persisted forty-eight hours prior to death.

The mutability in the hemiplegic or paralytic phenomena was of course characteristic, nay, almost pathognomonic of cerebral softening, induced by atheromatous degeneration of the vascular walls; as it has been already proven that the disturbances induced under these circumstances in the cranial circulation, the collat-

eral hyperæmia and œdema predicted (and found to be present at the autopsy) are factors which amply elucidate this variation of symptoms. In addition, the fact that the athermatous arteries of the brain "are also, usually *contracted* for a long time before they are closed by thrombosis," must not be forgotten, when we are seeking to explain the premonitory symptoms of cerebral softening, superinduced by anæmia. This *contraction* of vessels will eventuate in symptomatic manifestations of disturbances in the cerebral circulation accompanied by the corresponding symptoms of senile atrophy, having, pathologically, a common starting point, namely, degeneration in the cerebral vessels.

I fully concur with Niemeyer, that actual softening in the motor tract does not occur until the paralytic phenomena are persistent, as opposed to the evanescent or transitory character of the same symptom, superinduced by collateral œdema and hyperæmia originating in the disturbances of the cerebral circulation which must needs invariably accompany anæmic states of that organ. I, therefore, believe that in Mr. DeBar's case the *softening* found after death in the *motor* tract was of but a few day's duration prior to his death. The aphasia, amnesia and mental impairment which had constituted the important and persistent features of the case plainly indicated the presence of softening of *long standing* in the neighborhood of the island of Reil and other convolutions, as had been foretold by his medical attendants. That such *extensive* disease of the brain as was actually found after death could have consistently existed with symptoms so little marked or pronounced in character, as were those which really were present during life, was a pathological enigma which astonished all the gentlemen present at the autopsy, and which will never be solved, only finding a parallel, perhaps, in the celebrated case of Vulpian, of the French wig-maker, whose loquacity was most remarkable up to a few hours prior to

death, notwithstanding the fact revealed by the *post-mortem* that both anterior lobes of the brain were entirely destroyed by a scirrhus tumor.

Another mysterious feature of Mr. Dr. DeBar's case will always remain inexplicable, namely, the absence of hemorrhagic foci, which would naturally be anticipated from the symptomatic indications furnished by the profound stupor almost approaching coma in character, existing at the time of the first paralytic seizure and also for several days prior to death. Todd, Trousseau, Hammond and Racamier claim that the clinical experience and combined observation of many distinguished authors tend to establish the following axioms of diagnosis, namely, that in hemiplegia suddenly developed, with accompanying coma, hæmorrhage may be diagnosticated; in hemiplegia suddenly developed without coma, softening may be anticipated; in suddenly developed hemiplegia with stupor or great obtuseness, hæmorrhage may be diagnosed, in connection with softening. Trousseau avers that "when the intellect is affected to some extent but not entirely, when there is obtuseness, but not complete loss of sensibility, whilst there is absolute loss of motor power, we must always, according to Racamier, diagnose hæmorrhage in connection with softening, or what has been termed capillary hæmorrhage." "This latter form usually takes place in a softened portion of the brain, and is characterized on dissection by the presence either of a large number of small clots, perfectly isolated from one another, or coalesced so as to form hæmorrhagic centres."

Based upon these teachings of leading authorities, some hæmorrhagic foci, were expected, but were not revealed by the autopsy. The diagnosis which had been written *prior* to the *post-mortem* and handed to a medical friend, was as follows:

"Atheromatous degeneration of left middle cerebral artery and some of its branches, particularly median

branch, with consequent atrophic softening in the neighborhood of the fissure of Sylvius and involving perhaps the gray matter of some of the convolutions, and probably thrombi in some of the affected arteries: Probable hæmorrhagic infarction of minute vessels, with, in all probability, evidences of apoplectic foci, a recent extravasation of blood on left side with vestiges of collateral hyperæmia and collateral œdema in other parts of brain."

The autopsy was kindly made by Dr. Tuholske; and the notes of the *post-mortem* appended, written by Dr. Jameson and afterwards elaborated by Dr. Hodgen, will show in how far the diagnosis above given was verified.

The characteristics of the tumor were ascertained by Dr. Michel, who made the microscopical examination, and will be embraced in Dr. Hodgen's appendix to these remarks upon the symptomatology. The evidences of old inflammatory action found in the arachnoid probably supervened in consequence of a severe blow on the head that the patient received years ago by the accidental fall of some stage appurtenances. Their remote existence and very limited character precludes much interest being attached to them as regards any influence they may have exercised towards the latter days of the patient's life.

That the tumor was not in any manner the *primary* cause of death is proven clearly and conclusively by the following circumstances:

1. Its small size.
2. The fact of its being in the language of Dr. Michel, "the probable *remains* of an old and more extensive tumor."
3. The well-known facility with which the encephalic mass adapts itself to *gradual* encroachments upon its substance being one of the best ascertained facts in pathology.
4. The general result of the microscopical examination which furnished evidence "that there was not an artery of the brain proper that was examined, on either side, that was not degenerated."

5. The extensive softening found at the autopsy.

Sixthly, and *conclusively*, the fact also ascertained, that there was softening existing in the *right* hemisphere, whilst the tumor was situated at the lower anterior portion of the *left* hemisphere. Therefore we can conclude absolutely that it could have exercised no possible influence in producing the fatal result.

Of the general correctness of the diagnosis, namely, that Mr. DeBar died of atrophic cerebral softening, resulting from atheromatous degeneration of the arteries, our readers can form their own conclusions from the appendix to this article furnished by Dr. Hodgen, detailing minutely the result of the autopsy at which he assisted.

2106 Clark avenue, St. Louis Mo.

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### POST MORTEM OF THE LATE BEN DE BAR.

By PROF. J. T. HODGEN, M., D.

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Died at six o'clock A. M., August 28th 1877. After the skull was cut through entirely, it was found impossible to move the calvarium, because of the firm adhesions existing between the bones and the duramater. This membrane was then cut through in the track of the saw, and the brain removed from the base of the skull.

In the efforts to remove the calvarium before cutting the duramater that membrane had been torn from the left middle fossa, of the base of the skull, leaving the bone rough and spongy, indicating the existence of inflammatory changes, of recent date. Weight of brain, 51 1-2 ounces, the two layers of the arachnoid separated easily. At the points of the greatest adhesion of the duramater, to the skull i. e. on either side of the falx major, in the parietal region, indicating that the adhesion of the dura-matter to the skull, was not due to the



perforation of the Pachionian bodies, from the piamater, through both layers, of the arachnoid and duramater, and into the skull, as is often the case in old subjects who have suffered, repeated cerebral congestions. The firm adhesion of the duramater was probably due, to the changes following, to a previously existing disease of the outer layer, of the duramater and the bone. Beneath the arachnoid, on both sides, of the longitudinal fissure of the brain, (but more marked, on the right) there was a distinct, opacity, better marked along the track of the cerebral vessels indicating the existence at no remote period of inflammation.

Both cerebral hemispheres were softened on the upper surface except the extreme posterior part of the posterior lobes. The left hemisphere was more softened than the right; as the brain lay on a flat surface the left hemisphere was more flattened the convolutions appeared larger on the surface and the sulci less distinct than in the right; at the point where the left carotid artery turns backward beneath the anterior clinoid process of the sphenoid bone, a mass of atheromatous deposit as large as half a split pea, stood out into the lumen of the vessel.

The left middle cerebral artery was more markedly atheromatous than the right; through all the vessels even the most minute that could be examined by the unaided eye and touch were atheromatous. The vertebrals, the basilar and the posterior cerebral arteries were much more free from this degeneration than any other arteries observed on the base of the brain. As the brain rested with the base uppermost the middle lobe of the left side was markedly more flattened, and the same was observed of the anterior and posterior lobes, though in a less degree: on the left side the convolutions were flattened and less distinct than on the right, except at the posterior part of the posterior lobe of the left side. The basal surface of the right hemisphere was softer than in health

except the posterior part. The basal surface and the deeper parts above of the left hemisphere were softened to a remarkable degree, so much so that the structure was soft, actually flowing and containing a large percentage of serum, which flowed out when a section was made leaving that part of the brain to the outer side and below the striated bodies and optiethalami in a boggy condition of a pearly white color and exhibiting very few blood vessels; situated partly in the posterior and partly in the middle lobe of the left side and nearly opposite the optic thalami and surrounded by almost liquid brain substance except above existed a tumor one by one and a half inches in diameter having the firmness of a salivary gland—as this tumor was lifted from its surroundings the softened brain matter fell from it. When cut, it was found to have a firm portion of the size above indicated shading off into the almost liquid portion about it and many fiber-like portions clinging about it. The striated bodies and optic thalami both sides soft but more marked on the left.

The pineal gland had disappeared—the peduncles were distinct as they enter at the posterior part of the inner border of optic thalami but a part had disappeared with the pineal body; optic tubercles distinct and firm; valves of Vieussens firm.

Cerebellum softened though not markedly so, at a number of points in making sections portions of thrombi were dragged from the minute vassels, and calcarous tubules existed abundantly. The tuber anulare and medulla oblongata appeared normal.

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## CROUP IN PRACTICE.

BY WM. PORTER, M. D.

The article of Dr. Cowan in the September number of the Journal suggests a few thoughts which may be arranged thus. The use of belladonna in croup is neither new to the profession nor unmentioned by authorities. Does belladonna prevent the exudation in membranous croup and is that the first indication? Is there any good old way worthy of trust in treating true croup?

In proof of my first assertion, Napheys in his "Modern Therapeutics," Meigs and Pepper on "Diseases of Children" and others recognize in belladonna an agent useful in catarrhal croup, Wood speaks of it as relieving ordinary sore throat "possibly by acting on the blood vessels but more probably, by relaxing the pharyngeal muscles," while Bartholow says "in diphtheritic croup where there is much depression belladonna is a most excellent remedy if given *before the exudation has spread* and consolidated in membranous plaques and *when a few particles only have appeared* on the tonsil or soft palate it seems to have the power to hinder the formation of the exudation."

If we admit then that belladonna has to some extent this influence, yet in a well marked case of croup the false membrane will be formed before the physiological action of this or any other drug can be felt. Indeed most frequently the obstruction in the air passages produces the symptoms for which medical aid is invoked. How futile then to attempt to prevent the formation of that which is already blocking up the trachea. If a false membrane is not present there can be no objection to the use of belladonna—it is good practice to give it—yet until the membrane is formed there may be grave doubts that the case is anything else than simple catarrhal croup. If there is any appreciable amount of exudation the

first and urgent indication is to get rid of it; afterwards if you please, use remedies to limit its reproduction.

The mode of treatment which in my hands has proved most successful is not by any means new to the profession though it has not been universally accepted. Premising that in any given case the membrane is already formed and that it is adherent to the wall of the larynx and trachea, the first step is to loosen it from the subjacent parts and to soothe the irritation in the bronchi. This is best accomplished by inhalations from quick lime. A piece of lime as large as the child's closed hand may be put in a pitcher and half covered with boiling water. The steam from this, directed by an inverted paper funnel over the vessel and inhaled, almost always relieves the difficulty of respiration and seems to soften the exudation. The following experiments made by my friend, Dr. C. Lester Hall, testify to the value of lime-water as a solvent for the false membrane and I have found that the vapor as above described is more efficacious and more easily managed than vapor or spray from the officinal lime water. Dr. Hall sends me the result of tests made upon the membrane of true croup as to the solvent properties of the following articles:

R Lime-water - - - - - Officinal strength.  
 Iodine (Etherial solution) - - 5 ii. Ether 5 i.  
 Hydro-chloric acid - - - - - f5i. Water 5 ss.  
 Carbolic acid - - - - - 95 per. cent. solution.  
 Salicylic acid - - - - - 5 ii Water f3 ss.

*In fifteen minutes the lime water had entirely disintegrated and almost dissolved the membrane. The carbolic acid solutions appeared to destroy the vitality and change the color of the membrane more promptly than the hydro-chloric acid or iodine, but none of these dissolved the membrane. Tests examined 22 hours afterward. No change could be discovered in the membrane which was in the iodine, Salicylic acid, or hydro-chloric acid but that in the carbolic acid was about two-thirds dissolved."*

The inhalations should be repeated every fifteen minutes as long as there is any necessity for so doing and the atmosphere of the room kept moist. As soon as the first inhalation is given, the following powder should be administered as recommended by Dr. Fordyce Barker.

R Hydrarg. sulph. flavæ grs. iii.  
 Sach. alb. - - - grs x. M.  
 Ft. chart no 1.

For a child two years old.

If emesis is not produced in fifteen minutes a second powder may be given. The emetic should be repeated again in three hours or sooner if the child is not relieved. The mercury, i. e. so much of it as may be absorbed, no doubt has a beneficial antiplastic action upon the blood and lessens the tendency which exists in some instances to the formation of a second false membrane. When the immediate necessities of the case are answered, belladonna may be given, though it is more in accordance with the treatment thus far advised to prescribe,

R Quinæ Sulph.  
 Ammon. Carb. a a grs xx.  
 Syrupi Senegæ.  
 Syrupi acacial à à 5 i.

Sig. A teaspoonful every second hour.

If the symptoms indicate that the disease is progressing downward, one drop of tinct. veratri viridis should be given with each dose of this mixture. I have no reluctance in commending this treatment, the principle part of which was first made public by Dr. Barker who has obtained the most satisfactory results from it. The addition of the lime vapor is however important as the experience of many proves. In my own practice it has been uniformly successful.

## URETHROTOMY, INTERNAL AND EXTERNAL; WITH ILLUSTRATIVE CASES.

By W. HUTSON FORD, M., D. St. Louis, Missouri.

(Continued from September Number.)

### *Case I. Recurrent Gonorrhœa, Gleet; Forming Strictures.*

*Graves.* Aged 28; tall, spare, well built; contracted a gonorrhœa five years ago, and was apparently cured. Six months since, the disease reappeared, and was treated by *strong nitrate of silver injections*; a gleet succeeded, which has proved rebellious against a variety of measures. He has observed all the directions given him by his medical attendant, including absolute continence.

Nov. 24th. There is gastric embarrassment, he looks worn; is suffering very much, he says, from frequent micturition; the urine is scalding and small in quantity. He suffers also from pains in the back and head, and from frequent fevers in the afternoon. There has been, within the last few days an exaggeration of the previous chronic inflammation of the urethra, owing, he thinks to irregularity in eating, drinking largely of coffee, and loss of sleep in consequence of his being obliged to be up the greater part of several nights in succession to attend to his duties at a railway depot.

There is now an abundant creamy discharge from the urethra. Ordered; to sit in a bath of hot water for twenty minutes at bed time, and to take a pill of calomel, quinine, and podophyllin, to-night, and a dose of epsom salts to-morrow morning. Strict diet; to wash the glans and prepuce in cold water, and to cap the glans with a bit of clean old linen cloth doubled in four after every act of urination.

After forty-eight hours he came back; the discharge was not nearly so profuse; the salts acted well; the acute



symptoms of the urethritis are much relieved. A diagnostic examination of the urethra, made with great gentleness, gave the following results. Bulbou's bougie No. 21. (French) barely passes and defines a stricture in the floor of the fossa navicularis just within the meatus; also another stricture just beyond an inflamed and tender patch, at a depth of two and a half inches, of the same calibre; No 22 absolutely refuses to pass. The urethra was healthy beyond. Ordered: a hot hip bath every night; an alkaline copaiba mixture containing hyoscyamus, and a mild sulphate of zinc and tannin injection. He was informed that it would be proper to divide the forming strictures and to use a large steel sound habitually as soon as the inflammatory condition had been mostly removed.

Dec. 12th. The discharge has almost entirely ceased. No. 22 bulbou's bougie passes with difficulty through the deeper stricturing ring. Ordered suspension of the copaibal mixture which is disagreeing with his stomach, and the use of a tonic preparation containing iron. He is to take an alkaline diuretic and to use some injections of tannin, bismuth and glycerine after "Caby."

In a week or two, all the discharge from the urethra had ceased, and his general health was greatly improved, but he has hitherto declined any cutting operation, expressing himself satisfied with his present condition, proposing however to come to me should the strictures contract so as to give him trouble. I warned him of the great tendency of the urethritis to recur as long as there was any impediment to the out-flow of urine. He was in excellent health a year afterwards; the gleet had not reappeared, but the stream of water was smaller than it used to be.

*Case II. Old strictures of the penile urethra; resilient strictures at the bulb; internal urethrotomy; urethral fever; improvement.*

*Wale.* Aet. 40. Gonorrhoea sixteen years ago. Has

been several times treated for stricture. A surgeon of New Orleans divided a stricture in front of the scrotum with Civiale's urethrotome, and incised the meatus. No. 13 bougie *English*, corresponding with No. 22 *French*, passes without difficulty into the bladder. Nevertheless the strictures persist and the stream of water is very small, barely an eighth of an inch in diameter, part of the urine falling straight down in drops from the meatus.

The urine is strongly alkaline and ammoniacal. He states that he cannot execute the "*coup de piston*," and that on copulation, the seminal fluid is not forcibly ejaculated, but runs away slowly after the act; there is sub-acute cystitis and some gleety discharge.

Nov. 8th. Bulbous bougie shows stricture within the meatus No. 22 *French*; also three and a half inches anterior to the scrotum. another stricture half an inch broad, and of calibre No. 20 *French*, B. b. No. 12 *French* barely passes into the bladder, showing stricture of the bulbo-membranous junction. No. 22 F. *conical steel sound* passes with some little pressure into the bladder thus showing the stricture at the bulb to be of the elastic-resilient variety. Ordered nightly hip baths; quinine grs. v, thrice daily; a mixture containing citrate of potash, sweet spts. of nitre and tinct. hyoscymus, and a suppository at night of opium, camphor, and belladonna.

Nov. 14. Felt better than he had done for a long time, during the two days following the visit, but since day before yesterday, micturition has been very frequent, day and night. The stricture, three and a half inches down only admits No. 20 F. to-day.

I told him the strictures had to be cut, and that I would thoroughly divide those anterior to the scrotum by a primary operation, and afterwards that at the bulb, either by internal or external urethrotomy. (This is always the best course to pursue, in order, by dealing effectively with the ante-scrotal strictures, to eliminate

from the contractility of the bulbo-membranous stricture all the influence they frequently exert in causing spasm of the muscles of the bulb and membranous urethra by reflex action: this is an important hint, which should be steadfastly kept in view by the practitioner.)

The patient having consented, Otis's dilating urethrotome was adjusted to the deeper of the two ante-scrotal strictures, and screwed up to 25 F. The knife was then passed down the urethra and through the strictures, and the instrument screwed up anew to 30 F. The knife was now drawn forward through a space of an inch and a half; the urethrotome unscrewed to 20 F. and partially withdrawn. While still within the urethra it was adjusted to the orificial stricture, having been turned around and screwed up to 28 F. The knife was passed down for one inch; the urethrotome screwed up to 32 F. and the knife drawn again through the contraction in the act of withdrawal. The two ante-scrotal strictures were then effectually and thoroughly divided. A conical steel sound (Van Buren's) No. 30 F. was now passed with ease into the bladder and at once withdrawn.

The hæmorrhage was quite smart at first, but was readily controlled by cold applications to the penis. He was ordered to keep the recumbent posture and to take ten grains of quinine at bed-time and a suppository and to send for me at once, should there be pain, retention, a rigor or fever. *No Catheter was tied in.* [The influence of cold in arresting hæmorrhage from the external genitals is very marked. Under the stimulus of cold the penis and muscles of the perineum and scrotum, with the skin covering the scrotum and penis contract more vigorously by far, than similar tissues elsewhere; the penis itself contracts greatly, and becomes shrivelled up, thus compressing the incised surfaces of the urethra against each other, or against a blood-clot or a solid instrument or tube inserted for the purpose of constituting a *point d'appui* for this contraction or for direct

compression *ab eat rno*. Any one who has been long in rather cool water, *swimming*, may have observed this powerful contraction of the scrotum and penis, evidently due to the large amount of unstriped muscular tissue entering into the composition of the corpora cavernosa, corpus spongiosum and dartos, and perhaps to the peculiar innervation of the cremasters.

Nov. 15, 2 P. M. Says he urinated half an hour after I left him. The bleeding ceased soon after the operation but recurred after micturition, ceasing again however on the application of cold.

7. 30. P. M. He has just had a smart rigor, followed by high fever, (urethral) with pains in back, limbs and head. The penis is a little swollen and tender. Still has fever. Pulse 115; eyes much injected; he is restless and anxious. Ordered Hyd, Submur grs. iii; Podophyllin grs. one-fourth; statim; also pulv. Dov. grs. xii at 10 P. M. Magnes: sulph. in the morning.

Nov. 16, 9 A. M. Still has a good deal of fever; is sweating profusely. Ordered five drops of Norwood's veratrum at two-hour intervals until four doses be taken; afterwards in two-drop doses.

3 P. M. Asleep; easy; pulse 90; ordered continuation of the veratrum every two hours; if vomiting supervene the remedy to be intermitted for four hours. Quinine gr. x thrice daily.

11 P. M. I was sent for hurriedly; the patient had an attack of gastric veratrim at 10.30, accompanied with copious stools. Though the symptoms were quite severe, indeed almost alarming to one not familiar with the ways of veratrum, all distress passed off within a half hour, so that by the time I reached him he was already soundly asleep, with a moderately warm and moist skin. Pulse 60. Ordered two drops of veratrum at 2 A. M. and the same at 4 A. M. and again at 7 A. M.

Nov. 17, 9 A. M. Much better; pulse 65, slept well last night; no further nausea or vomiting. Passed No. 30

bulbous bougie to the depth of an inch and a half. Pain hardly felt across the supra-pubic region, constant for many months back; no pain along the course of the urethra; the act of micturition is not painful. Ordered veratrum in two drop doses every three hours; lower diet; strict recumbency.

Nov. 18, 9 A. M. No fever; pulse 70; skin cool; no pain. Bulbous bougie No. 27 passed deeply into the urethra; a little blood oozed away.

Nov. 23. The sound has been introduced every other day through both strictures and partly into the bladder. To-day No. 26 passed easily; No. 29 also passed, though with more difficulty. Says he holds his water all night; urinates during the day at intervals of two hours. The urine is still decidedly alkaline.

Dec. 13. The bladder has been systematically washed out once a day with warm water medicated with borax and glycerine, after Thompson's prescription; he holds his water several hours during the day, and gets up to urinate only once or twice at night. The urine is now very slightly alkaline.

By careful measurement the perineal stricture is defined at seven inches from the meatus, it can be felt at the bulb, diameter No. 147.

The patient was now advised to submit to internal urethrotomy for the division of this stricture, but postponed the operation from month to month until circumstances removed him altogether beyond my reach.

## Proceedings.

### ST. LOUIS MEDICAL SOCIETY.

#### STENOGRAPHIC REPORT.

BY ROBERT M. FUNKHOUSER, M. D.,

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*REVISED BY THE COMMITTEE ON DEBATES.*

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Proceedings of a meeting held September 8th, 1877

Dr. Newman: I have some specimens I thought I would present to the society. These specimens are of interest to those who have not seen any like them. About thirty years ago I saw some, but have not seen any since until recently. They will not be curious to those who have seen them. A few days ago I had a medical gentleman from China, dining with me. He spoke of the fruits there, their size, among them the persimmon, equal to a large saucer, furnishing a meal for a person. This put me in mind of the specimens, and I went up stairs and got them. They resemble buckeyes. The gentleman said he had not seen them that size, I didn't say they were buckeyes. Dr. Gregory: they look more like bull's eyes. Dr.<sup>o</sup> Newman: Yes, they are sometimes found in the stomache of bullocks. Some of them are opened and give an idea of their formation. They are taken from the stomache after death. They are nothing more than hair. In the spring of the year when shedding their hair, they lick themselves. They swallow the hair, which passes from the first stomache into the second, where, by the constant movement, it is rounded. My son, who is connected with the Beef-Canning Com-



pany, knows of more than these having been found in a bullock's stomach. A butcher over there says he has found as many as twenty. They are formed, I think, in a year. The hair is swallowed and the concretion is formed round it, where, there are several, each one is formed during a season. As I said, I presented them because they might be curious to those who have not seen them. Dr. McPheeters: I have seen much larger ones than these. Dr. Newman: This, I suppose, is the nucleus and the secretion formed around it.

Dr. Laidley: A few days ago I was called to see a case. The patient could not open his mouth. At first he had tonic spasms, afterwards both tonic and clonic. The patient had a contusion on his left cheek. There was no fracture. It is a question as to an injury of the brain. It was found that twenty minutes before he went into spasms he was hit a blow. Dr. Gregory, who was present, thought the spasms were epileptic. On pressure on the face he would give evidence of spasm and pain. Indeed his wife in trying to quiet him placed her hand on his face pressing the contused part, whereupon he went into a spasm, a very severe one. He continued to have spasms until two o'clock before medicine had any effect. It is of interest to me as I could not make out the injury. I was not certain whether the spasms were tetanic or epileptic. A few days after he had epileptic spasms, with intermissions of three, four or five days. Fourteen years before he had epilepsy. There was no fracture of the malor bone—found the case as related. He was unconscious until the next day. It was very difficult to open the mouth.

President: Dr. Laidley's case is now in order. Dr. Gregory: I saw the case. The man was struck and there was produced immediate insensibility and he was struck by a hard body. No doubt he fell when hit. It renewed the epileptoid conditions. This is only an inference, a rational one however. I was called on the

other day to sign a certificate as to the injury, the result of the blow. There is to be a suit looking for damages. The man who struck the individual circulated a report in his lodge that the blow was slight. From the history of the case we find the patient was free from epilepsy for a long time before. Such a thing might happen; for I have a patient subject to epilepsy; for years the convulsions came on, and again for years they ceased; but they returned, though I thought they had left entirely. I signed the certificate that the condition was the immediate result of the blow. The blow had something to do with the renewal of the epilepsy. The falling, the fright and the surroundings of the case, perhaps, also had something to do with it. The man might have lived and died free from the epilepsy, but for the injury.

Dr. Montgomery: I have had a case of epilepsy for twenty-four years, the patient being nine years when he first was taken with the disease. The father bought him a pony. He was out riding one day in the street, when a man with a whip cracked it as he was going by, frightened the pony which threw the boy; his head struck the curbstone. He became insensible and remained so for two days; blood flowed from his ears and nose. I directed him to be leeches, to have pediluvia, etc. He has suffered from that day to this. I thought I had him cured once. I prescribed bromide of potash, bromide of iron and iodide of potash, and employed counter irritation. He was free from convulsions for several years and until a few days ago when he was walking up the street and fell down and foamed at the mouth, and the stupor lasted for an hour or two. I have noticed that when he is abstemious, is not excited, nor overworked, he is better. When he had the attack it was always due to some imprudence, otherwise, he was in perfect health. Most of the cases that I have seen, when the attacks re-appear, they are most severe. But when they came on in this case, they were not so severe as the preceding ones.

For the last fifteen years he has had not more than two or three attacks a year. They are brought on by irregularity of diet, as eating a hearty supper late at night, and heat of sun, &c.

Mr. President.—What is your treatment, Doctor?

Dr. Montgomery.—Bromide of potash, bromide of iron are the remedies that I generally give, paying great attention to the bowels, not allowing the patient to drink or become over stimulated, and I caution them against irregular meals.

Mr. President.—Under the head of Nervous Diseases, I will mention a very interesting case such as I have seen mentioned in books, but have not before had such a case in private practice. It is one of *apparitions*. The patient is a lady in fair health. The trouble first showed itself under the form of an old woman. An old woman would place herself in front of her, even while in the street she would poke her face in front of her. She followed her for months, two or three times a week. Now it is small men, small as that, (indicating with his hand, six inches,) walking about the room, climbing up ropes, always nicely behaved fellows. They have been troubling her for four or five months. When she would shut her eyes, they were gone, but when she opened them, they were still there. It is a novel case. Last night she was much annoyed by them in her room.

Dr. McPheeters.—Is there any history of epilepsy or hysteria?

Mr. President.—No sir. On the contrary she is not hysterical, but a very reasonable and sensible woman. She speaks of it rationally and is aware of its nature.

Dr. Gregory.—Was the optic nerve examined? No. I think it would be well to pay more attention to ophthalmoscopic examinations. In many cases we are able to gain much important information by examining the optic nerve.

Mr. President.—Years ago she was operated on for

strabismus. The suggestion of Dr. Gregory is a good one.

Dr. Prewitt.—I would suggest that it is a cerebral phenomenon and is not connected with the optic nerve. Three years ago I had under my charge an old gentleman seventy years of age, feeble with aberration of mind. He had an idea that men were getting in the house, and would run to the window and cry out for the police. After that he had an idea there were red ants crawling in the bed and would catch them, also bugs, &c., &c. He was rational, open to reason about the matter, and admitted it was an aberration of the mind, but was real to him. I took it to be anæmia of the brain. I gave him chloral, and a single night's sleep dispelled it. I should have remarked that previous to it, he did not have much sleep.

Dr. Newman.—These hallucinations arise, I imagine, from the same state as delirium tremens, and, as Dr. Prewitt remarked, from anæmia of the brain. I doubt whether delirium tremens is due to congestion, but most probably anæmia. In most of the cases we see, they have not eaten anything for some time, there has been long fasting, &c. We can save them by judicious use of food. They eat nothing for several days previous to the attack. As german to the subject, I would say that recently I was called to see patients of another doctor, who was not in the city and had left his patient in my care, with trismus neonatorum. They were quite recent. Two or three weeks ago there were several cases of lock jaw in the neighborhood. I would like to enquire if there is an epidemic of it?

Dr. McPheeters: What ages?

Dr. Newman: Seven or eight days. I believe it is called by some seven day lock-jaw. I am interested to know if there are any number of cases of lock-jaw of children.

Dr. Gregory: There have been. I don't wish to be understood to infer that the hallucinations are due to the

optic nerve. It might be due to anæmia of the brain. If examined the condition of the optic nerve might show us whether this aberration was *centric*. By the optic nerve as a guide of centric irritation, the proper source might be found out. I don't think Dr. Laidly meant it was tetanus but tetanoid spasms.

Dr. Laidly: I was puzzled to know if it was tetanus. One important point was, that pressure on this point would throw him into these spasms. Much of the evidence would go to show it was caused from the blow.

Dr. Kingsley: It might have been. I don't think so, however. There is a case of tetanus reported occurring forty minutes after injury. The case was a negro boy running a nail in the sole of his foot. The remarks about touching on a point of the face (in Dr. Laidly's case) puts me in mind of some experiments of Brown Siquard in the Guinea pig, when by irritating parts of the spinal cord epilepsy was produced. He also mentions certain points in regions of the face where upon irritating, spasms will follow.

Dr. Montgomery: In answer to Dr. Newmans questions, I would state that two weeks ago I saw a typical case of trismus neonatorum near 15th and Cass Avenue. The child was eight days old. The mother told me that for twenty four hours previously the child would not take the breast.

The features were distorted, and when touched it would be convulsed with paroxysms. I diagnosed it trismus neonatorum. On making an examination I found the navel putrid. As Dr. Prewitt says this case was one of toxæmia. In many of these cases they use old rancid oil or lard, and smear it on the cord, keeping it raw and preventing it from healing and finally it suppurates and is followed by tetanus. A German physician says the habit of washing the child in hot water is a prolific source of the disease. When the navel is diseased, I wash it out with carbolic acid and apply laudanum being careful not to

add too much of the last. They all die. I don't think any live. Dr. Sims years ago, published a pamphlet in which he advanced the theory that this trouble was due to pressure of the occipital bone on the brain, and recommended the bones to be examined. "That don't explain why tetanus is more frequent in one country than in another. I have seen twenty to forty cases in Saint Louis. Some say they have not seen many. How do you account for a man taking tetanus from a rusty nail running in his foot? This man kept at work for two weeks. It was a frightful case, on examining the foot, it was painful to the touch. There was no pus or abscess. It was not of toxæmia.

Dr. McPheeters: There is no necessity for supposing tetanus in the case reported. The predisposition of the patient and exciting causes account for the spasms: the excitement, the blow and fall, these exciting causes combined with the predisposition are sufficient. The spasms are due to epilepsy. The cases of Dr. Newman are not frequent. Three or four cases are reported every week as occurring in young children. I must say I'm not a convert to Dr. Sims view, though it looks very plausible. In some forty or fifty cases, he found pressure of the occipital bone on the brain and the trismus was attributed to the pressure. His success was due to the relief of the pressure, and was greater than in other cases. I must confess it struck me as plausible and I would try the remedy of position as recommended by Dr. Sims. Dr. Newman did not state whether he tried it or whether they proved fatal.

Dr. Newman: I did not, they proved fatal.

Dr. McPheeters: Almost all of these cases were in articulo-mortis. It was mentioned in the society at the time and was discredited. It is worthy of consideration and especially of examination in those cases. A very small amount of pressure will suffice. In many cases he assumed the pressure when he could find no evidence of it.



Mr. President: The remark by Dr. Montgomery struck me—that it may be caused by too hot water. I think it is wrong in washing the child so young. It is better to grease the child and thus avoid the disease that children are liable to. The child should be laid aside in a blanket for an hour or two—not enough attention has been directed to this subject by the profession.

Dr. Hughes: I made a remark on Dr. Laidly's case. I did not credit the blow for the epilepsy. It might have been he was about to have the spasm. It is not strange that at one period of his life he had one kind of convulsion; he might at another, have other convulsions. We should not conclude from the history of the case, he had not had epilepsy for fourteen years. We have the testimony of Drs. Laidly and Gregory that the character of the spasm was tetanic. It would be more prudent to wait for further light for the sequelæ. I should think it would be an anomaly for pressure on the face to produce the symptoms. We might ascertain by exclusion, that there was disease, by an ophthalmoscopic examination in the case reported by our President, those cases of hallucination or of illusion are not necessarily at the time associated with mental aberration but they have been found the precursor of insanity. Forbes Winslow cites cases where the majority of all did—as in the case of Lord Castlereagh. So it is in the history of the records of asylums of the country. So will we find in interrogations of patients as well as a change in demeanor. I believe in the majority of instances delirium tremens is due to anæmia of the brain, often though not always with anæmic condition of the nerve cells. I this week dismissed a case; there was neither madness nor mania. He had delirium tremens five times with a sixth threatened attack. He had the characteristic loss of appetite and symptoms of depression, had lost sleep at night. Nutrition however had not failed him. He began to see sights his pulse was full. I feared apoplexy and believe it was threatened. The cause of treatment was different from the

previous case. I didn't give him any nutrition but administered a cathartic and bromide of potash with choral at night. He had an illusion of a man in his window who appeared and disappeared; so I am willing to concede it is due to mal-nutrition and not always to anæmia of the brain. A medical gentleman of this city has an illusion of a person trying to ruin him and his business. If treatment is neglected, lesions of the brain more grave may follow.

Dr. Prewitt: I did not wish to say all cases are due to anæmia but when due to this cause the case should be treated accordingly. Sometimes they are due to hyperæmia. As Dr. Gregory says our ophthalmoscopic examination do frequently divuige the trouble. I would like to ask if there was opisthotonos or in what respect was it tetanus?

Dr. Laidly: I did not say that it was, but simply wished to know.

Dr. Gregory: There was no opisthotonos. There was a fixed-jaw which was perhaps muscular.

Dr. Prewitt: We know that in Bright's disease, patients are taken with convulsions. It is well to examine the urine to see if it is albuminous in such cases. It might be a coincidence or it might be the explanation of this. Individuals have been known to fall in the street and to be treated as cases of intoxication when in reality it was due to uræmic poisoning.

Dr. Newman: Speaking of peculiar symptoms, on several occasions I have had the sensation of hair in my mouth. Perhaps it may be analogous to illusion. I don't know whether it is of much significance still I have been annoyed by it. I think the subject of trismus neonatorum is quite interesting. Before accepting the remarks of Dr. Montgomery, I would ask what temperature would be proper? We know that the child comes from the womb, where the temperature is quite high. Indeed in the interior of the uterus and abdomen the

temperature is above ninety eight and a half so physiologists tell us. I think the child cries from the cold air striking it. I think it is due to the cold atmosphere. My recollection is that I never had a case in my practice. I always pay great attention to the washing of the child it should not be exposed to any draft. Notwithstanding the remarks of Dr. Montgomery. I believe difficult cases in Paris have been cured by chloral in large doses, *five* grains.

In speaking of lock-jaw the injuries of the foot are more so than those occurring in the hand. My horse stuck a nail in his hind foot and is more dangerous in the hind foot, so the veterinary surgeons say than in the front. I took him to a veterinary surgeon, who ordered spirits of salt, the same as muriatic acid, to be poured into the foot. He poured it full, it foamed all over the foot. He told me to take him home and put on a poultice. I left directions at the stable to send me up another horse, if mine was not in a condition to be used. In the morning he came up all right. If so in a horse, and Vet. Surgeons say they have to treat a horse much like a person, why not in the human species.

Dr. McPheeters : I think it was only a coincidence. He would have got well anyhow. You dont find horses having lock-jaw often.

Dr. Prewitt : Has any one present known one case caused from hot water ?

Dr. Montgomery : A word of explanation. I did not say that hot water did cause it, I mentioned the cases reported by a German physician, who noticed cases in the hospital, but at first could not account for them and finally discovered that the children were washed in very hot water, and concluded that that was the cause of the tetanus.

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## LEWIS COUNTY MEDICAL SOCIETY.

Met at Monticello, Aug., 13th 1877. Dr. Christie, President in the chair. A majority of the Physicians of the county present. Dr. Briscoe proposed the names of Drs. Azers, Rozaltz and Ellerz for membership—elected.

Election of officers being in order. Dr. R. S. Briscoe of Lewistown, was elected president by acclamation.

Dr. W. S. Johnson of LaBelle, Vice President. Dr. R. C. Risk of Williamstown, Secretary. Dr. Ellery of La Grange, Treasurer. Drs Briscoe and Johnson made speeches in behalf of the Society and its future usefulness. Dr. Christie moved to divide the work of the society into sections—carried.

President appointed Dr. Johnson chairman on Practice Medicine with Drs. Lucas Pugh and Sullivan. On Surgery Dr. Christie, chairman with Drs. Briscoe, Frame and Thomlin.

On obstetrics and Diseases of women and children, Dr. Azers chairman. Drs. Royaltz, Raines, Elerz and Averz. on Physiology, Therapentics and New Remedies, Dr. Risk chairman. Dr. Ford Sutherland and Muller.

Dr. Christie offered the following:

Resolved. That the thanks of the Lewis Co. Medical Society are due and are hereby tendered to the *Canton Press*, *La Grange Democrat* and *St. Louis Medical and Surgical Journal* for passed favors extended to this society and that future liberality will be duly appreciated. carried.

R. S. BRISCOE, Pres.

R. C. RISKE, Sec.

## Reviews and Bibliographical Notices.

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*THE QUESTION OF REST FOR WOMEN DURING MENSTRUATION.*

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BY MARY PUTNAM JACOBI, M. D.

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*The Boylston Prize Essay of Harvard University  
for 1876.*

NEW YORK, G. P. Putnam's Sons, 1877.

We expressed the opinion on the appearance of "*Sex in Education*," by Dr. Clarke, that much good would result from the discussion then excited. This book is one of the fruits of that earnest debate; and we shall be greatly disappointed in our judgement of the work, if it is not welcomed by the profession, and by intelligent educators too, as a permanent contribution to the literature of the subject.

It has a certain significance as coming from a woman; and at the same time taking the prize offered in our foremost university for the best essay on this theme. It is scientific and not sentimental; yet, incidentally, very rich in wholesome suggestions on the mental, physical and social training of young women.

A few biographical notes may, in this case, be allowed to introduce the thought and conclusions of the book.

Mary Putnam was born in London, August, 1842, of American parents; came to New York in 1848, and was educated in the Twelfth Street Grammar School, and in the Women's Medical College in Philadelphia. She was the first woman who graduated from the New York College of Pharmacy; the first, also, admitted to the Paris

Ecole de Medicine, from which she graduated in 1871, bearing away the second prize, a bronze medal, for her graduating thesis. She began practice in New York, and was soon made Professor of Materia Medica, in the Women's Medical College there. In 1873 she was married to Dr. A. Jacobi. She has published many papers in the *Medical Record* and *Journal of Obstetrics*.

The essay (which makes an octavo of 232 pages) is divided into six sections.

Section 1, Is introductory and historical, with general considerations in regard to labor. The author combats the idea which so often gets uppermost in the minds of medical writers, that sex is a pathological fact, that menstruation is a natural infirmity, (Tilt,) or a morbid condition, (Guerin,) or a hereditary disease, (Hageivisch,) or a salutary crisis to relieve over eating, (Roussel,) or the result of unnatural restraint imposed by civilization, (Auber,) or a general shock to wake up the power of conception, (Capuron,) or a local congestion, (Peaslee.) Periodicity does not imply organic debility, and statistics of labor show that the history of female labor is the history of industry itself. The more civilization is developed and refined, the more women participate in production, (Beaulien.) Nor is there any paid labor in our times which provides for a rest of one week in four. Ought this provision to be made for that "inexorable law of nature," to which woman is subject, thus creating a radical revolution in the industrial world.

Section 2, Is mostly occupied with statistics. Two hundred and sixty-eight women made answer to the sixteen questions proposed. Of this number, 35 per cent. declare themselves to have been perfectly free from discomfort during menstruation. In addition, 24 per cent. suffered slightly, or not sufficiently to interfere with daily avocations. In less than one-half the cases then this junction was a seriously painful and therefore morbid



process, of course requiring rest as during any other pain.

Of the severely and slightly painful cases, 53 per cent. had been so from the beginning; in 46 per cent. the habit had been acquired; hence in the latter cases the matter of occupation is of especial importance. Of those attending school it is shown that "the highest education (at present given to women) is [from the tables] much the most favorable to menstrual health, the least favorable is the ornamental system."

The entire series shows too little exercise during childhood and girlhood. But menstrual pain attaches to those taking least exercise by a large percentage.

Then the figures show that two-thirds of those suffering, inherit some defect of general constitution or special tendency to uterine disease, or else passed a delicate childhood.

Capacity for exercise was found to be nearly always in inverse proportion with the habit of pain.

Persons without occupation suffered in a much larger proportion than those who were occupied.

Marriage is much more opposed than celibacy to the persistence of menstrual pain in adult life.

Rest during menstruation does not show any influence in preventing pain, since rest is rarely taken if no pain exist.

Section 3, Discusses the theory of menstruation. It furnishes an array of facts against the ovulation theory of Pouchet Raciborski, Rouget, Pfluger, etc., quoting largely from Waldeyer, Slaviansky, Kundrat, Williams, etc., and reinforced by original observations.

The author concludes that the *menstrual hemorrhage* is not the result of a periodical congestion of the uterus, caused by the rupturing of follicles in the ovaries, the afflux of blood to the uterus finally bursting the free vessels of the endometrium, so that hemorrhage occurs as in epistaxis, but it is the climax of a series of processes car-

ried on in the uterus, quite independently of the ovarian budding. The afflux of blood to the uterus is in obedience to an increased nutritive demand made by the developing mucous membrane which constantly increases in thickness until it has reached a maximum suitable for the retention of an impregnated ovum. The hemorrhage from the uterus is the result of fatty degeneration and desquamation of the mucous membrane, that has failed to receive the stimulus of impregnation necessary for the maintenance of its heightened vitality. By this desquamation, blood-vessels are laid bare and the resulting hemorrhage is strictly analagous to that after the fall of the deciduain parturition, p. 100.

"The periodicity of the menstrual flow is not an abrupt interruption of the ordinary physical life. It is the simple climax of a series of consecutive processes perfectly continuous with one another. It does not offer the sudden transition of the functions of animal life, but the gradual transitions characteristic of the functions of vegetative nutritive life, to which indeed it belongs. p. 101.

Section IV. contains a series of interesting experiments, showing a rhythmic wave of nutrition, gradually rising from a minimum point just after menstruation, to a maximum just before the new flow. The rhythmic wave is measured by variations in the excretion of urea (the urine of six persons tested daily for one, two, or three months) by dynamic force of muscles, and by temperature and tension of the arterial system, the latter being indicated by sphygmographic tracings.

Section V. treats the theory of supplemental nutrition. Showing how the first establishment of menstruation is correlative to a diminution of muscular nutrition; and how the accumulation in the blood vessels of nutritive fluid refused by the muscles, may regularly recur thereafter until the tension is in each instance

raised to a maximum, just before the degeneration of the uterine mucous membrane permits the vessels to rupture at this point.

Section 6. contains the application and conclusions. After considering the condition of menstrual pain, uterine contractions anæmic and congenital dysmenorrhea the fatigue caused by over-work and by attention long fixed, reflex disorders, sterility, pregnancy etc. as related to this question, the result is stated that *there is nothing in the nature of menstruation to imply the necessity or even desirability of rest for women whose nutrition is really normal.* The habit of periodical rest, for them, might easily become injurious, because in the cessation of nervo-muscular activity the blood properly attracted to the muscles and nerve centers, would be diverted from them towards the pelvis, increasing a hyperæmia above the physiological standard. Many cases of pelvic congestion developed in wealthy but indolent women are often due to no other cause.

"The reasoning which would attempt to show that the existence during the menstrual flow of a cerebro-spinal excitement determined by 'ovarian irritation' is incompatible with cerebro-spinal activity, is entirely fallacious, based on false analogies, especially with those of the rest. The menstrual flow is the least important part of the menstrual process, and arguments for rest drawn from the complexity of the physiological phenomena involved in this should logically demand rest for women during at least twenty days out of the thirty. In other words should consign them to the inactivity of a Turkish Harem where indeed anæmia, if not dysmenorrhea is said to be extremely common." p 1227. But no rapid survey under the limits of a book notice affords any adequate indication of the fulness of this interesting monograph.

L.

DISEASE OF THE MIND: By Charles F. Folsom, M. D., Secretary of the State Board of Health, of Massachusetts.

This pamphlet contains much interesting information respecting the management of the insane, past and present; especially in Europe and many suggestions respecting their treatment, some wise and some otherwise.

He thinks our asylums might be made better than they are by "providing more attendants and improving our facilities for medical treatment" and by diffusing a knowledge of insanity among general practitioners, which is most true. *Non progredi est regredi* and the medical world has not yet come to a stand. He considers the somatic theory of insanity generally accepted and the psychic rejected and looks upon the history of mental diseases as a "steadily pressing development of rational views in its treatment."

He advocates *non* restraint as it is called, but nowhere really practiced and the separation of the acute from the chronic and incurable insane, a thing scarcely practicable or advisable in the sense in which its original advocates sought to accomplish it. The proper distribution of the insane, called classification, is essential to their welfare and requires wise discrimination and large experience but the separation of the acute from the chronic class would be unmedical and has not been found especially economical. Dr. F. is not very clear on the subject of separating the acute from the chronic insane, for he admits that "it would be a great error and injustice to make curability alone the basis of division, and that many of the chronic insane maintain their intelligence and self respect, often help and cheer the curable and would suffer if placed with demented."

He advocates a lunacy commission like that of Great Britain and favors the so-called cottage system—I think asylums as a rule are better than homes; but refers approvingly to Maudsley and Blandford's successful treatment of the disease in private houses, and says "the cures are often more rapid thus."

He is in error about the noisy and the quiet cases be-

ing generally mingled in American Asylums though the same roof really covers all classes. The report has been gotten up with a good deal of labor and is well worth reading. H.

THE THEORY OF MEDICAL SCIENCE; By Wm. R. Dunham, M. D., James Campbell, Boston, 1876 pp. 150.

In reviewing this subject the author has endeavored to impress upon the mind of the reader the fact that medicine does not possess in the *slightest* degree any inherent power; that its effect upon the human organization is due *solely* to the action of vital forces. While we are willing to admit that the author is correct in some of his views it seems to us that he has drawn a distinction without making a difference. Practically it matters but little in regard to the effects obtained whether they are due to an inherent power peculiar to the medicine or are due to the action of the "vital forces" upon the same. There is a class of physicians who are but empiricists in the broadest sense of the word; who seem totally devoid of observation and possess *no* theory in regard to the action of medicines, yet they seem to rely almost entirely upon medicine, ignoring the fact that rational medicine but assists nature. To such we commend the work, feeling assured that it will be productive of good results. R. E. B.

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### *AN INDEX OF DISEASES AND THEIR TREATMENT.*

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By THOMAS HAWKS TANNER, M. D., F. R. S.

*Second Edition.*

Revised by W. H. Broadbent, M. D., 8. vo. pp. 432. Philadelphia, Lindsay and Blackiston 1877.

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We confess to some surprise that in the preparation

of the second edition the author should not have eliminated (in the American edition) the sections under the head of "climates for Invalids" the portions referring to different locations on the Islands of Great Britain as our invalids are but rarely if ever sent there. Thus some fifteen pages of the "Appendix of Formulæ" might as well have been omitted and fifteen more pages concerning the various localities on the Continent of Europe of but little more avail to the American invalid than Middlesex or Sussex. In future editions doubtless this portion of the work will undergo revision. About one third of the work is devoted to an Appendix of Formulæ, which is written "in accordance with the rules of the British Pharmacopœia" and reprinted from the last edition of the author's practice. We very much doubt whether a liberal use of other men's formulæ is conducive to scientific practice.

Instead of a table of contents we are furnished a very full "Tabular Synopsis" Alphabetically arranged, also the Index of diseases. We differ somewhat with our distinguished author as to the use of his book. He predicts it will be found most useful to aid the practitioner in those cases where the disease does not yield to remedies as promptly as desired *i. e.* in the difficult cases, we apprehend it proves more useful in assisting the physician to accuracy of diagnosis, by grouping the most reliable symptoms of each disease, thus aiding the memory of the practitioner; we commend the work as helpful, both to busy men and men not so busy, on account of the number and value of the facts it contains.

E.

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## Books and Pamphlets Received.

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RETARDED DILATATION OF THE OS UTERI, IN LABOR ;  
By Albert H. Smith, M. D., Philadelphia.



WAR DEPARTMENT, SURGEON GENERAL'S OFFICE, Washington. Circular No. 3. By order of the Surgeon General.

OLD UNCLE DAN, is the title of an excellent new Song, by Horace Dumars. The above song, is a gem, in fact one of the sweetest negro melodies. Price 40 cents per copy. Can be obtained from any large music dealer, or from the publisher, F. W. HELMICK, No. 50 West Fourth Street, Cincinnati, O.

BIENNIAL REPORT OF THE MOUNTAIN SANITARIUM FOR PULMONARY DISEASES. Asheville, N. C., By Dr. W. Gleitsmann.

THE RELATION EXISTING BETWEEN ECZEMA AND PSORIASIS. By Robert Campbell, M. D.

MORPHIA IN CHILD-BIRTH. By W. T. Lusk, M. D.

FIRST TOUR OF THE AMERICAN FLOATING SANITARIAN.

THE MEDICAL INTELLIGENCER OF NEW WORKS, just published by Lindsay and Blackiston.

REPORT OF HIS EXCELLENCY, The Governor of Missouri State University Catalogue 1876-77.

NOTES ON EPILEPSY ; By Eugene Grissom, M. D., Sup. Insane Asylum of N. C.

THE WESTERN REVIEW OF SCIENCE AND INDUSTRY, edited by Theo. S. Case.

HOSPITALS: Their History, Organisation and Construction. *Boylston Prize Essay* of Harvard University for 1876. By W. Gill Wylie, M. D., New York. D. Appleton & Co., 1877.

AN INDEX OF DISEASES AND THEIR TREATMENT; By

Thomas Hawkes Tanner, M. D., F. R. S., Second Edition Revised. By W. H. Broadbent, M. D., 8 vo. pp. 432. Philadelphia. Lindsay and Blackiston. 1877.

(For sale at the Book and News Co)

ON the use of Sulphate of Cinchonidia in parts of the States of Illinois, Indiana, Missouri, Kentucky and in the Mississippi Valley.

PHYSICIANS VISITING LIST FOR 1878; by Lindsay & Blackiston, *now ready*, and may be had by remitting to them the price, No. 25 South Sixth street, Philadelphia, Pa.

FROM BROWN, HOLLAWAY & Co.; St. Louis agents for Wm. Wood & Co., (publishers Ziemssen's Cyclopedia of the practice of medicine,) Vol. XVI. Diseases of the locomotive apparatus and general anomalies of nutrition.

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## Extracts of Current Medical Literature.

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### *When not to give Iron.*

In an article contributed to the Practitioner (London), Dr. Milner Fothergill gives some valuable hints on this subject. There are certain circumstances which contraindicate the use of iron. Iron administered in large quantities or when the alimentary canal is in an irritable condition is liable to excite heat, weight and uneasiness at the precordia, nausea, vomiting, and sometimes purging. Iron must be withheld in acute disease as long as there is rapidity of pulse combined with rise of temperature.

Vegetable tonics combined with mineral acids given before meals, the iron administered after meals, in small

doses, occasionally proves more beneficial and is better tolerated by the stomach than when taken in conjunction with the tonic. As long as the tongue is thickly coated or red and irritable it is well to withhold chalybeates altogether. In phthisis if the tongue be red and irritable bitters and bismuth are to be adhered to until all intestinal irritability has passed away of which the tongue is the best index. The gastro-intestinal canal must be got into a normal condition neither too irritable nor sheathed with a layer of epithelium as indicated by the fur upon the tongue before either chalybeates or cod-liver oil can be satisfactorily prescribed. Iron is never indicated in the sanguine and plethoric forms of gout.

It is well to see that there is no acute action going on anywhere, that the joints are cool even if still enlarged before commencing with the chalybeates. The toleration of iron diminishes as age increases; consequently with old people it is often better to give them tonics with alkalines and easily digestible food than to give iron. Iron is contraindicated when there is a foul tongue, a bad taste in the mouth and fulness of the liver with disturbance of the alimentary canal.

When iron is given to epileptics who are anæmic it may improve the condition of the blood but while doing so it increases the tendency to fits. When used as a hæmætic it is essential that the digestive organs be in fair working order and second that certain precautions be taken as to its administration when it is necessary to resort to it.—*London Practitioner.* R. E. B.

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#### MADISON COUNTY MEDICAL SOCIETY

Meets at Alton the first Monday in November 1877. All physicians in the vicinity of good standing are cordially invited to attend.

## Meteorological Observations.

By A. WISLIZENUS, M.D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green N. Y.). The daily minimum occurs generally in the night, the maximum at 3 p. m. The monthly mean of the daily minima and maxima added and divided by 2, gives quite a reliable mean of the monthly temperature.

THERMOMETER FAHRENHEIT—SEPTEMBER, 1877.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	69.0	72.5	18	49.0	69.0
2	58.0	74.5	19	49.0	73.0
3	54.5	74.0	20	51.0	80.0
4	55.0	73.5	21	53.5	78.0
5	64.0	71.0	22	51.5	79.5
6	62.0	73.5	23	59.5	83.0
7	62.0	78.5	24	64.5	79.0
8	61.5	79.0	25	64.0	83.0
9	62.0	72.5	26	68.0	79.0
10	63.5	66.5	27	62.5	78.5
11	49.5	76.5	28	62.5	84.5
12	62.5	82.5	29	60.0	85.5
13	68.5	85.0	30	66.0	87.0
14	71.0	86.0			
15	69.0	84.0			
16	64.5	86.0	Means	61.3	78.1
17	55.5	70.0	Monthly Mean	69.7	

Quantity of rain: 2.32 inches.

## Mortality Report.--City of St. Louis.

From August 18, 1877, to September 29, 1877, inclusive.

Chol. Infantum	33	" Stomache	1	Valv. Dis. of Heart	10	Pneumonia Prævia	1
Diarrhæa	10	Mara-mus	27	Asthma	3	Puerpal Fever	3
Dysentery	8	Rheumatism	2	Bronchitis	10	Debility (Senile)	7
Entero-Colitis	1	Hydrocephalus	5	" phyesia	1	Atrophy	1
Croup	1	Phthisis Pulmon.	50	Hydrothorax	2	Eunice	1
Diphtheria	11	Tuberc. Mesenterica	2	Laryngitis	1	Concussion of Brain	1
Fever, Congestive	24	Tow. Mening. Is.	4	Pneumonia	7	" Poisoning	1
" Cerebro-Spinal	4	Atrophy (Spinal)	1	Enteritis	11	Internal Injuries	2
" Intermittent	5	Apoplexy	1	Gastro Enteritis	7	" Hanging	1
" Remittent	8	Crug. of Brain	11	Peritonitis	4	Gumshot	2
" Typhoid	3	Convulsions (Infantile)	35	Cirrhosis of Liver	3		
" Typho-Malarial	4	" "		Fatty Degeneration of Liver	1	Total Deaths	427
" Malarial	1	Inflammation of Brain	17	Hepat. c Abscess	4	Under five years	59
Septicæmia	1	Meningitis	17	Albuminuria	1	Stillborn	37
Whooping Cough	7	Paralysis	4	Cystitis	1	Premature Birth	9
Syphilis	1	Hemiplegia	1	Diabetes	1		
Alcoholism	3	Softening of Brain	1	Nephritis	1		
Infantile	1	Tetanus Neonatal	17	Fractura	1		
Aphthæ	1	Angina Pectoris	1	Coxarth Morbus	1		
Anæmia	2	Dropsy Abdominal	1	Infantile Debility	9		
Anæsarca	2	" Renal	1	Cyanosis	3		
Cancer, Breast	1	Thrombosis (Pulmonary)	1	Uterus Non parturum	1		
" " " " "	2	" "	1	Abortion	1		
" Rectum	1	" "	1				

CHAS. W. FRANCIS, *Health Commissioner.*

# WYETH'S DIALYSED IRON.<sup>4</sup>

(*FERRUM DIALYSATUM*.)

*A Pure Neutral Solution of Peroxide of Iron in the Colloid Form.  
The Result of Endosmosis and Diffusion with Distilled Water.*

PREPARED SOLELY BY

**JOHN WYETH & BRO.,**

PHILADELPHIA.

This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by process of dialysis, the Iron being separated from its combinations by endosmosis according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the VERY BEST mode of administering

## IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of the free acid, which is dependant upon the perfect dialysis of the solution. The samples of German and French Liquor Ferri Oxidi Dialys., which we have examined, gave acid reaction on test paper. If the dialysis is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salt of Iron, by not giving rise to a blood-red color on the addition of an Alkaline Sulphocyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases) and has the great advantage of always being ready for immediate use. It will doubtless be found in every drug store to supply such an emergency.

Full directions accompany each Bottle.

In addition to the Solution, we prepare a Syrup which is pleasantly flavored, but as the Solution is tasteless, we recommend it in preference; Physicians will find our Dialysed Iron in all the leading Drug Stores in the United States and Canada.

It is put up in bottles retailing for **One Dollar**, containing sufficient for two months treatment. Large size is intended for hospitals and dispensing, Retail at 3.00.

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Articles intended for publication in the next number should be forwarded one month prior to the date of publication. They must be contributed to this Journal exclusively.

All communications, letters, remittances, books for review, etc., should be directed to **W. S. EDGAR, M.D.,** No. 1217 Pine Street, St. Louis,

Foreign exchanges and books for review should be sent under cover to Messrs. **WILLIAMS & NORGATE**, 14 Henrietta Street, Covent Garden, London; or to **Herr B. HEMMANN**, Leipzig; or **M. CHARLES REINWALD**, 15 Rue des Sts. Peres, Paris.

## Starling Medical College, COLUMBUS, OHIO.

The Thirty-first annual session of Starling Medical College will begin Thursday October 4th, 1877, and continue until March 1st, 1878. The preliminary course will begin September 4th, and continue four weeks. The college building is unsurpassed in beauty and convenience and is well furnished with the requisites for thorough instruction including Laboratory, Anatomical Room, Museum, Library Reading Room, Microscopes, Instruments, Charts etc.

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Manufactured on the Sea-Shore by Hazard & Caswell, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended on as so richly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

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retained on the stomach when the other kinds fail, and patients soon become fond of it. The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

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**Elixir Valerianate of Ammonia and Quinine.** Each teaspoonful contains two grains Valerianate Ammonia and one grain of Quinine.

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The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring session.

The **Preliminary Autumnal Term** for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The **Regular Session** will commence on Wednesday, October 3, 1877, and end about the 1st of March 1878.

### FACULTY.

ISAAC H. TAYLOR, M. D.

Emeritus Professor of obstetric and Diseases of Woman, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,

Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.

Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,  
Professor of the Principles and Practice of  
Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,  
Professor of Principles and Practice of Surgery,  
Diseases of Genito-Urinary System,  
and Clinical Surgery.

LEWIS A. SAYRE, M. D.,  
Professor of Orthopaedic Surgery, Fractures  
and Dislocation, and Medical Surgery.

ALEXANDER B. MOTT, M. D.,  
Professor of Clinical and Operative Surgery.

WM. T. LASK, M. D.,  
Professor of Obstetrics and Diseases of women  
and children and Clinical Midwifery.

EDMUND R. PEASLEE, M. D., LL. D.,

Professor of Gynaecology.

WILLIAM P. POLK, M. D.,  
Professor of Materia Medica and Therapeutics,  
and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,  
Professor of Physiology and Physiological  
Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,  
Lecturer on General, Descriptive and Surgical  
Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,  
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,  
Professor Pathological Anatomy and Histology,  
Diseases of the Nervous System,  
and Clinical Medicine.

### PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

HENRY D. NOYES, M. D.,  
Professor of Ophthalmology and Otolaryngology.

JOHN P. GRAY, M. D., LL. D.,  
Professor of Psychological Medicine and  
Medical Jurisprudence.

EDWARD L. KEYES, M. D.,  
Professor of Dermatology, and adjunct to  
the Chair of Principles of Surgery.

EDWARD G. JANEWAY, M. D.,  
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

LEROY MILTON YALE, M. D.,  
Lecturer adjunct upon Orthopaedic Surgery.

A. A. SMITH, M. D.,  
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this college is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every weekday, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular faculty. Regular clinics are also given in the Hospital and College Building.

### FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular term,	
including Clinical Lectures.....	\$ 40.00
Matriculation fee.....	5.00
Demonstrator's Ticket (including material for dissection).....	10.00
Graduation Fee.....	30.00

### FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter).....	\$ 5.00
Recitations, Clinics and Lectures.....	35.00
Dissection (Ticket good for the following Winter).....	10.00

Students who have attended two full Winter courses of lectures may be examined at the end of the second course upon Materia Medica, Physiology, Anatomy and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, JR., Sec'y, Bellevue Hospital Medical College.

8  
"BEST ON EARTH."

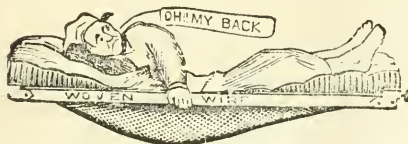
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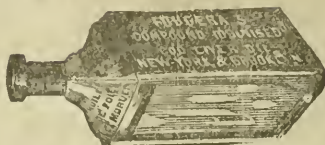
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